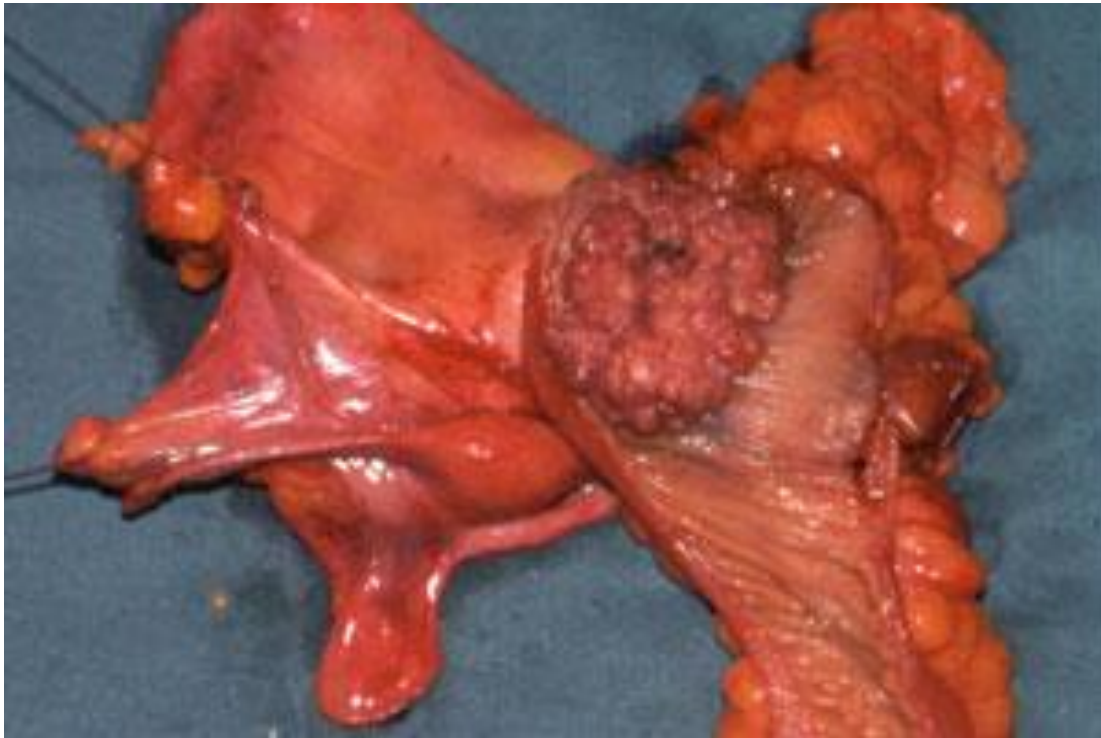


Bowel Cancer Screening Programme

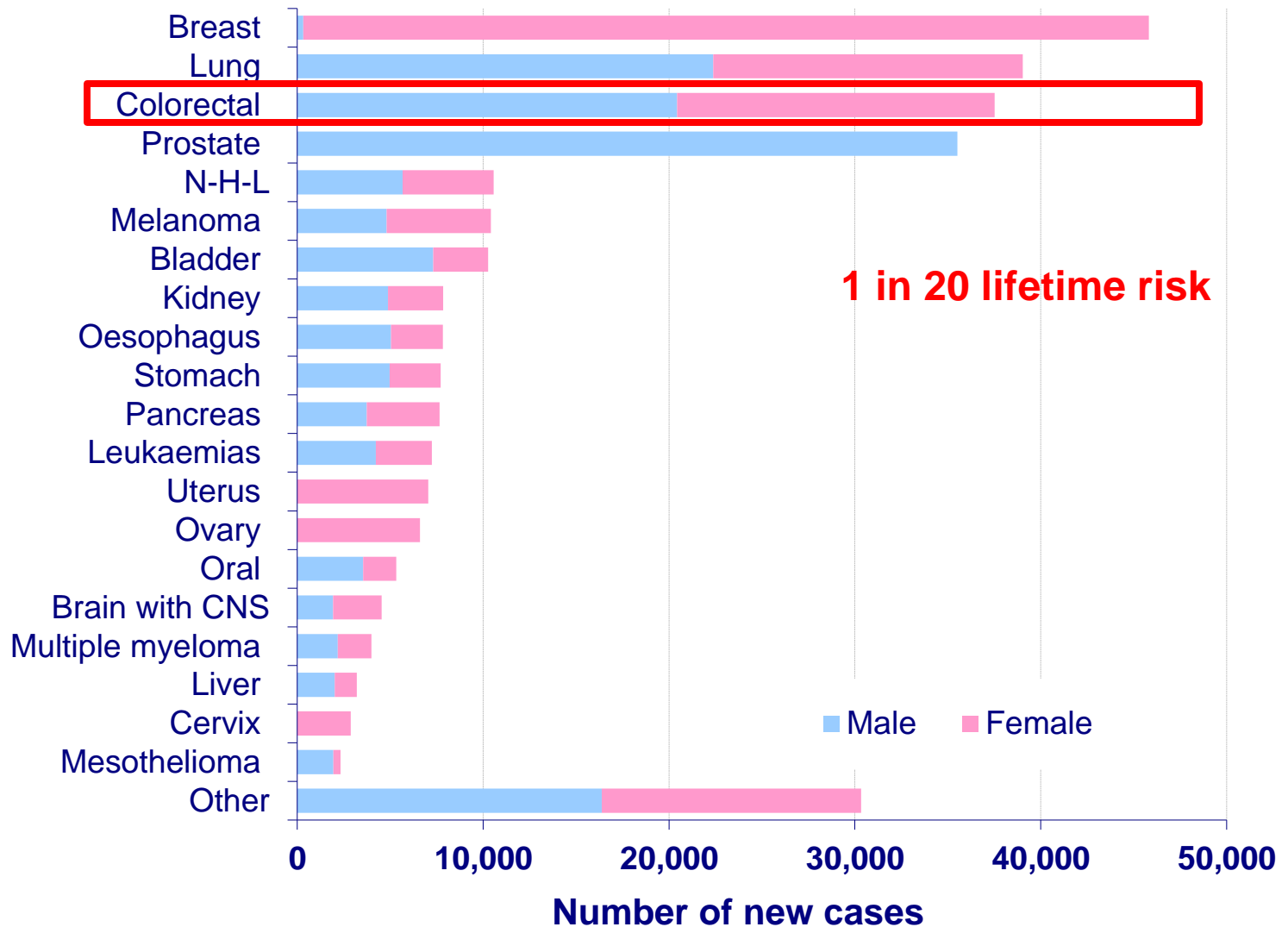
Paul Sylvester MD FRCS

Consultant Colorectal Surgeon, Bristol Royal Infirmary
Director Bristol and Weston Bowel Cancer Screening
Centre

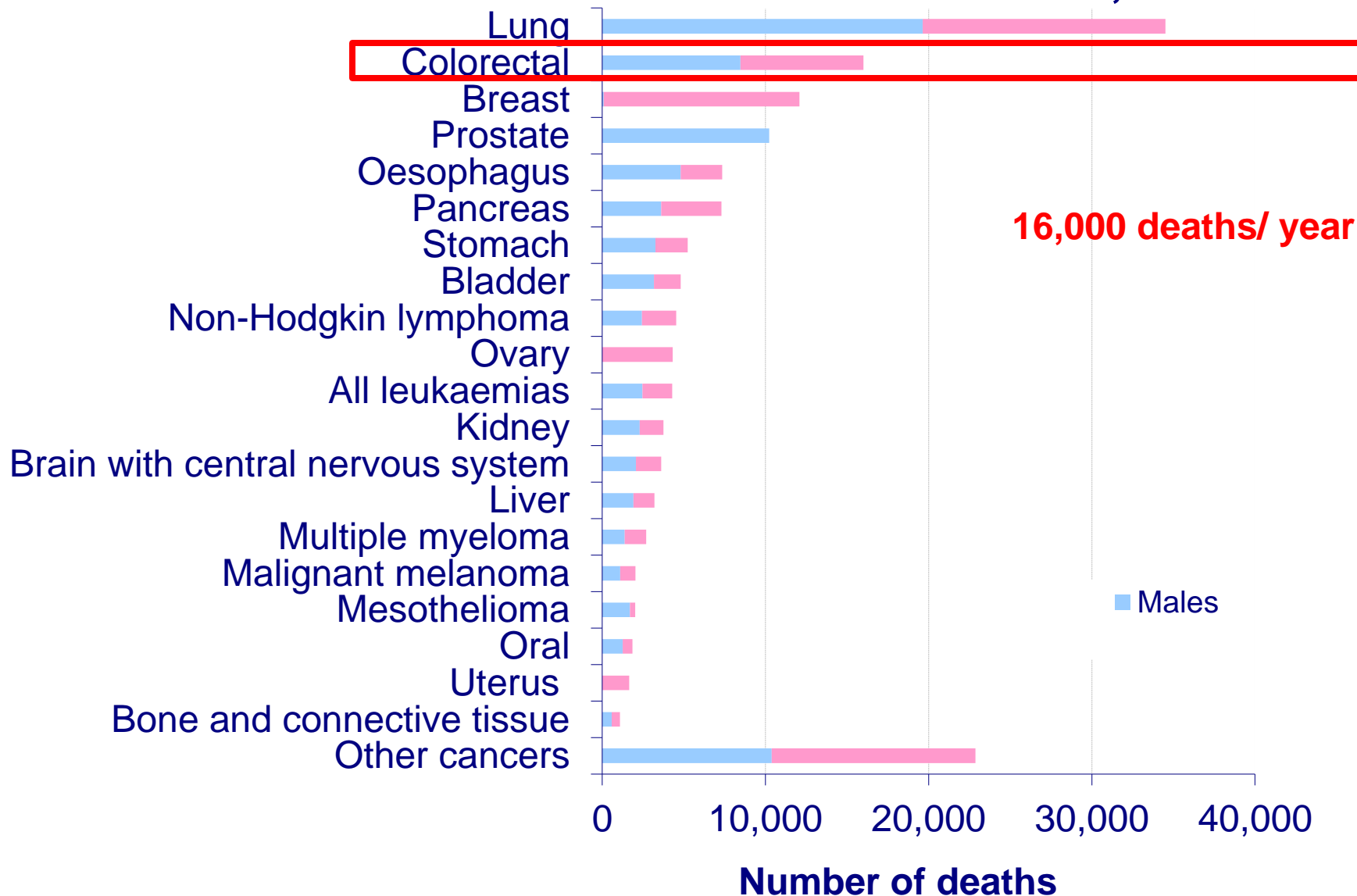
Colorectal Cancer



The 20 most commonly diagnosed cancers UK, 2006



The 20 most common causes of death from cancer, 2007



Distribution

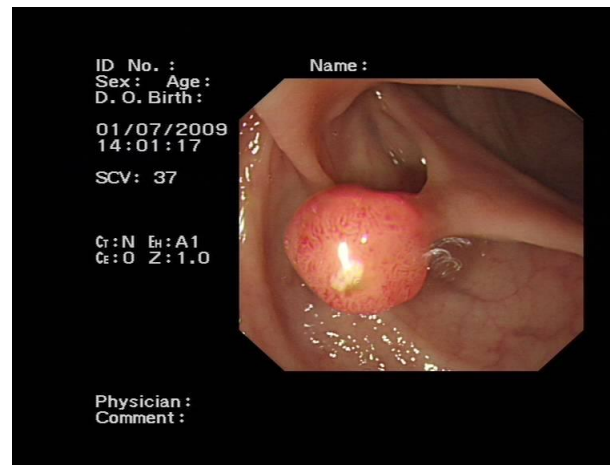
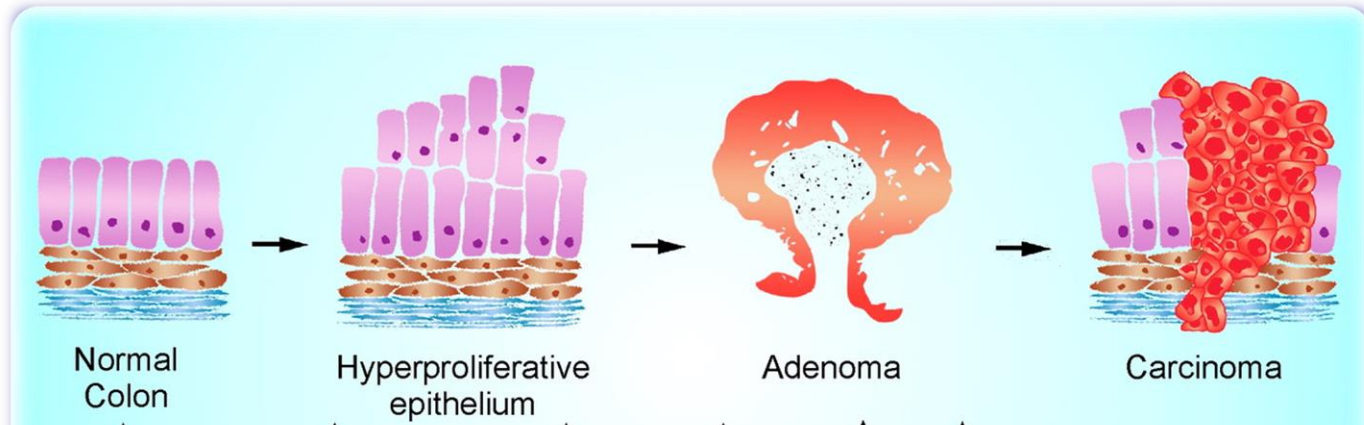
- 70% left colorectum
- 25% right colorectum
- 5% transverse colon

- 4-5% synchronous tumour

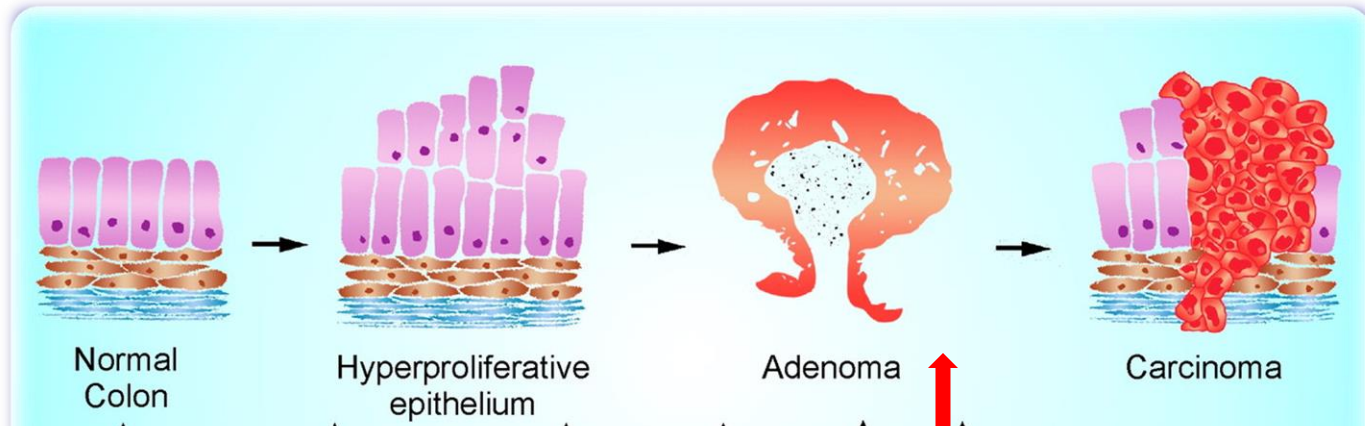
Types of Polyp

- Hyperplastic
- Adenomas (Serrated)
- Low, Medium and High risk

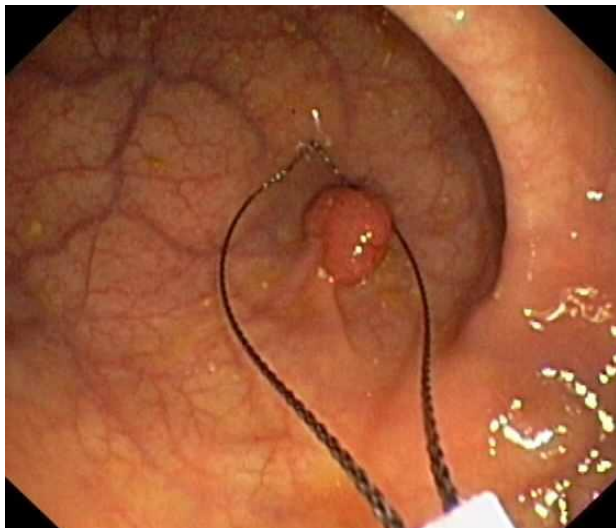
The majority of cancers arise from adenomas (polyps)



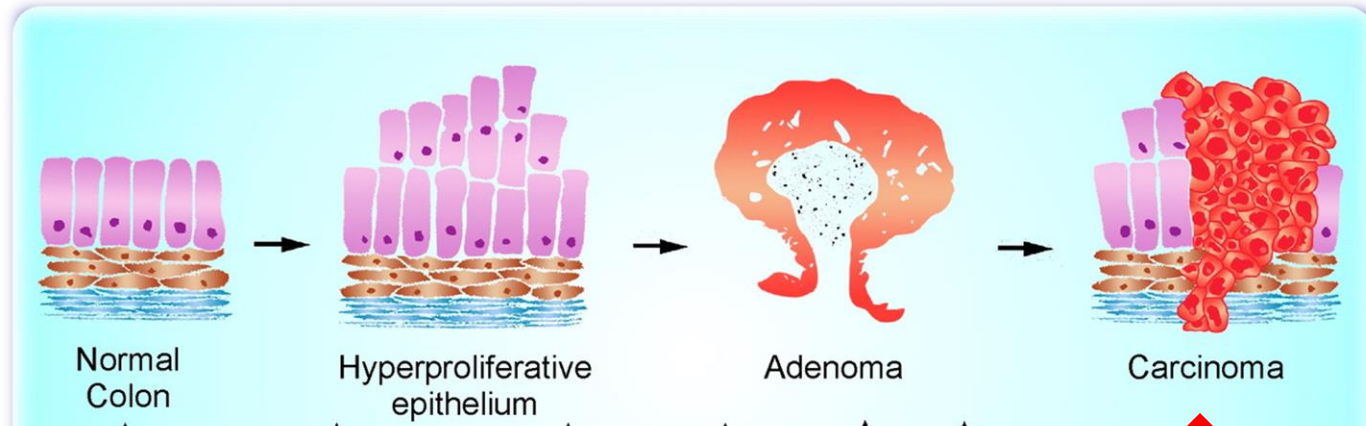
The majority of cancers arise from adenomas (polyps)



**Intervention with screening
1. Removal of polyps**



The majority of cancers arise from adenomas (polyps)



**Intervention with screening
2. Find early cancers**

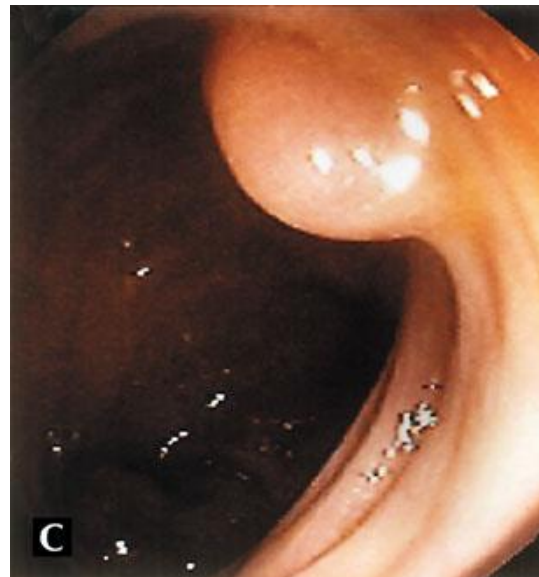
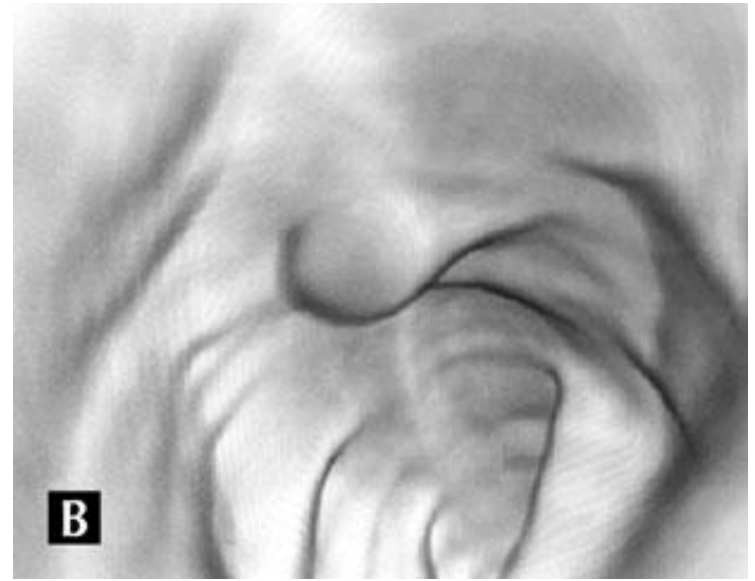
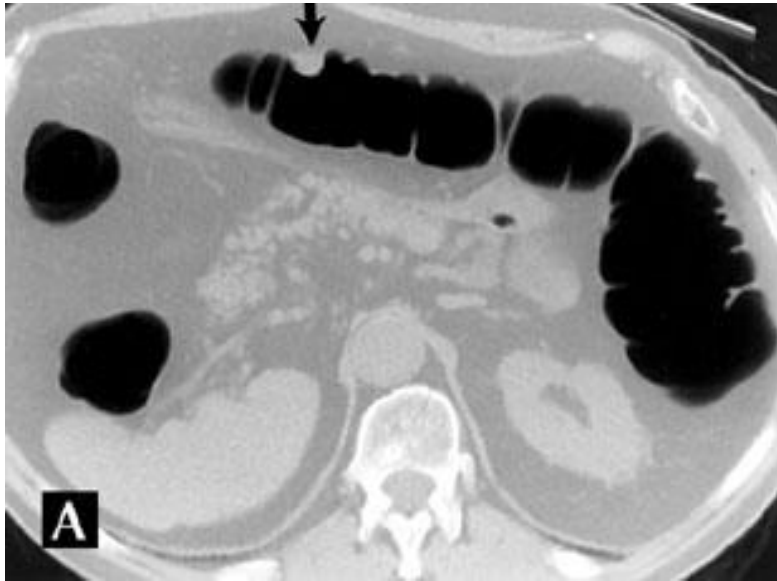
Prognosis from Bowel Cancer

Cancer Stage	5 year survival
A (very early)	>90%
B	55-85%
C	20-55%
D (very late)	<5%

Bowel Cancer Screening – What is the Most Effective Strategy?

- Possible tools for screening:
 - Stool tests
 - Sigmoidoscopy
 - Colonoscopy
 - CT Colon
- Risks vs. benefits
- Patient acceptability
- Costs and logistics

Virtual Colonography



Pickhardt PJ, et al. *N Eng J Med* 2003;**349**:2191-2199

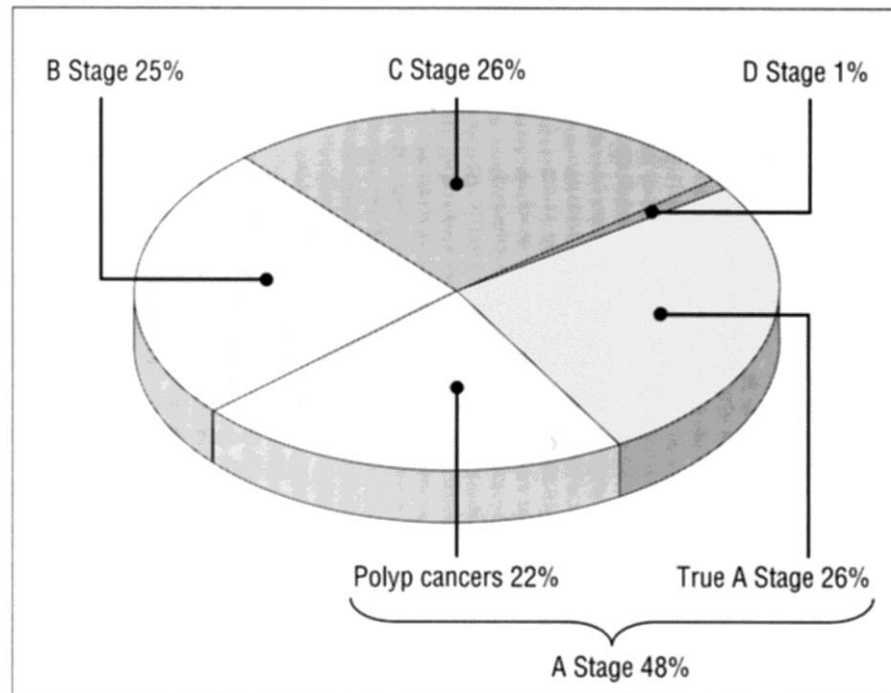
Bowel Cancer Screening – Implementation/ Lessons from Breast Screening

- Central ring-fenced funding
- Correct infrastructure and training
 - Unit accreditation
 - Colonoscopist accreditation
 - Stringent QA process
- IT support / comprehensive database and research infrastructure

What are the drawbacks?

- Costs - £55 million per annum
- Providing the infrastructure
- Implications of increased workload for cancer services
- Complications

Colorectal neoplasia within a Colorectal Screening Pilot



WHAT IS IT ?

- A national screening programme for men and women aged 60 -74 years old.
- It consists of one of two home testing kits called an FOBt (faecal Occult blood test)



- or a FIT (faecal immunochemical test)

Does a positive test mean bowel cancer?



A Positive test only shows that you have a trace of blood in your sample it does not show cancer cells

Reasons for a positive test

5 in 10

people may have a result affected by some foods or medicines, haemorrhoids (piles) or a small tear in the lining of the bowel sometimes caused by constipation.

4 in 10

people may have polyps - a polyp is an abnormal growth of the tissue lining of the colon (bowel) wall. It may be slightly raised, like a wart or look like a grape on a stalk.

1 in 10

May have a bowel cancer

Bowel Cancer Screening: the process

- Regional Hubs send out faecal occult blood test kits (60-74)
- Positive tests are invited to meet a screening practitioner (nurse)
- Offered colonoscopy (CT colonography)

Bristol and Weston (BCSP)

- Started - 1/12/2008
- Age extended - 19/8/2013
- Positivity – 2.02% (1.59% for 2014)
- Uptake – 57.0% (<31% to >70%)
- Colonoscopy - UHBristol and North Bristol
- Outpatients – also Weston
- 418,348 subjects
- Positive FOBt 4734 (4420 colonoscopies)

Staffing

- Programme Manager - 1
- Administrators – 4
- SSP – 6 (1 Lead SSP and a Deputy)
- Colonoscopists – 6 (7th in accreditation)
- Flexible Sigmoidoscopy – 9 ‘accredited’
- Nurse Endoscopist - 4

Accreditation

- Rigorous
- Numbers
- Exam
- Ongoing monitoring (monthly figures)
- 3 yearly QA
- Political

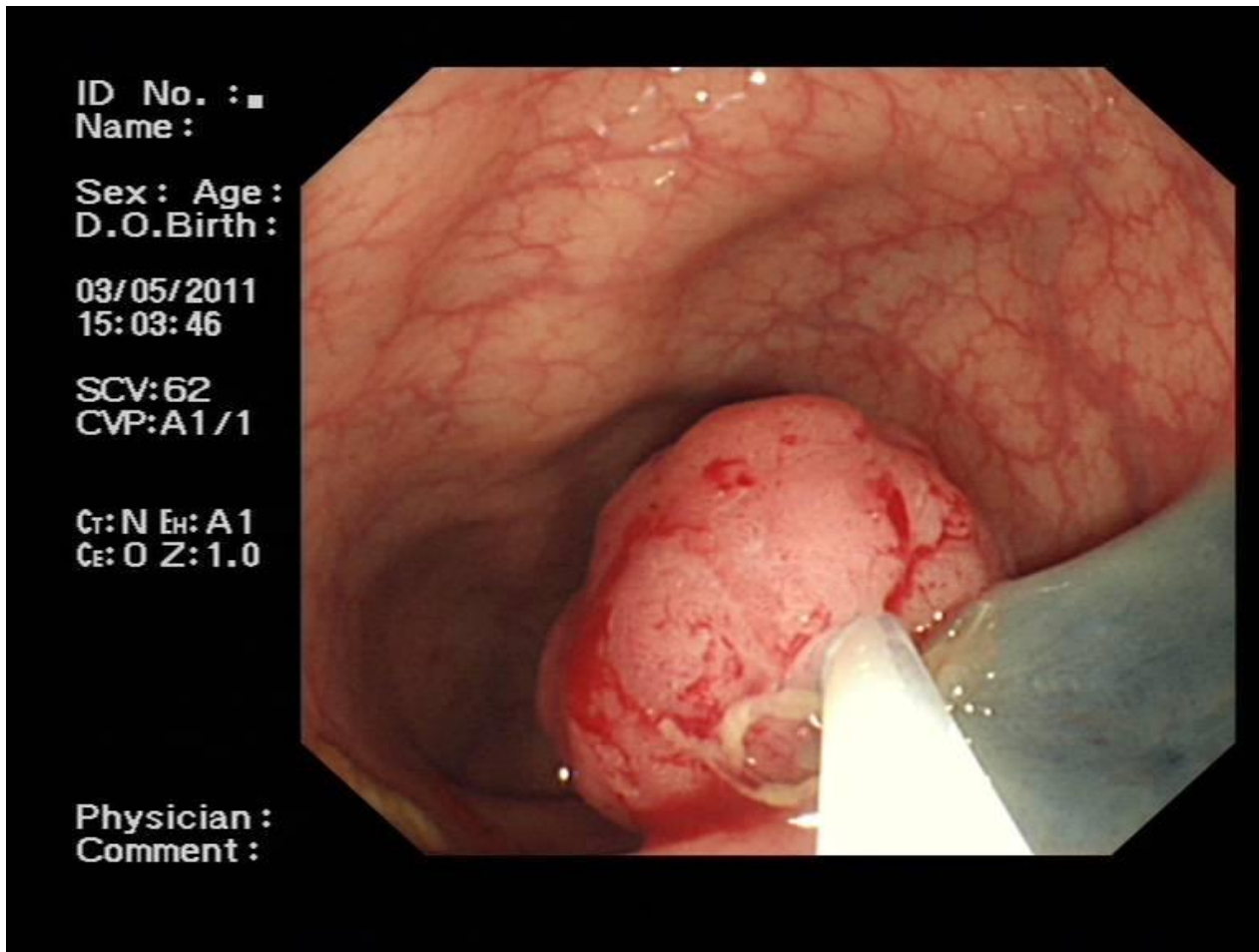
Radiology Group (CTC 10%)

- QA
- Numbers
- Complications
- Double Reporting
- Reporting Proforma
- Who, where, how many?

Pathology Detected 2016 (n=4238)

- Cancer 342 (8.1%)
- High risk polyps 426 (10.1%)
- Medium risk polyps 598 (14.1%)
- Low risk polyps 781 (18.4%)
- Abnormal not polyps 1172 (27.7%)
- Normal 790 (18.6%)
- Polyps no Histology 55 (1.3%)

Large Sessile Left 1



Lateral Spreading Lesion Right 1



Down Stage?

- Dukes A 17% before BCSP on average higher (30%)
- Deaths (1 in Bristol). Bleeds (1:400)
Perforation 1:2000 (1:500 with large polyps)

Bowel Scope

- One-off at 55 years (Flexible Sigmoidoscopy)
- Currently being rolled out (2014-2016/7)
- Bristol and Weston 5000 scopes a year (10-11 lists a week)
- 50% reduction in distal colorectal cancer
- Numbers to treat to prevent 1 CRC death was 191

Bowel Scope 1

- 72 Practices (66%)
- Offered 3 sites (whichever closest)
- Choice over site, time and date
- 40% reschedule
- 8 lists a week (9th from April 6th)

Bowel Scope 2

- 8061 (invites to 27th March)
- 4315 responded
- 3206 attended
- Uptake 50% (NBT 52.94, UHB 44.4 and WOT 45.74)
- 105 Colons (3.2%)

Bowel Scope 3

- N=3195
- Cancers – 5
- High Risk – 19
- Medium risk – 29
- Low risk – 42
- Overall – 3%